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Bib Data Sheet

CONFIRMATION NO. 4692

SERIAL NUMBER 10/695,265	FILING OR 371(c) DATE 10/27/2003 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. MBZ-001CP
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/421,226 10/25/2002 and is a CIP of 09/835,119 04/13/2001 ABN which claims benefit of 60/239,340 10/11/2000 and claims benefit of 60/239,541 10/10/2000 and claims benefit of 60/197,117 04/14/2000 and claims benefit of 60/197,085 04/14/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 01/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>Nce</i>		

ADDRESS

00959

TITLE

Methods for drug discovery, disease treatment, and diagnosis using metabolomics

FILING FEE RECEIVED 1535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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